

**REQUEST FOR RETIRED RECORDS
OR INFORMATION**

1. TYPE OF REQUEST

☐ PERMANENT RECALL☐ LOAN☐ REQUEST FOR INFORMATION**INSTRUCTIONS** - Submit copies 1 & 2 to the appropriate Federal Records Center. Use a separate form for each record requested. Complete all pertinent entries.

TO	National Archives and Records Administration Federal Records Center	FROM	Department of Veterans Affairs					
2. RECORD RETIRED FROM (<i>Name of station</i>)		3. YEAR RECORD RETIRED	4. ACCESSION NO.	5A. VA BOX NO.	5B. FARC (SHELF) LOCATION NO.			
6. NAME OF VETERAN		7. SERVICE NO.		8. SEND REPLY TO (<i>If different from Veterans Affairs</i>) - DO NOT USE FOR RECALL OF VA EMPLOYEE MEDICAL RECORDS				
9. REASON FOR REQUEST								
ITEM	(X)	FOLDER	RECORD REQUESTED	ITEM	(X)	RECORD REQUESTED		
10		R&E FOLDER	FILE NO.	18A		X-RAY FILM		
						ENTRANCE	DATE	BRANCH OF SERVICE
11		DEA FOLDER	FILE NO.	18B		SEPARATION	DATE	BRANCK OF SERVICE
12		OAN GUARANTY FOLDER	LOAN NO.	18C		OTHER	X-RAY FILM DESIRED	
							NAME OF HOSPITAL OR CLINIC	
13		OUTPATIENT					PERIOD HOSPITALIZED OR DATE TREATED	
14		MEMBER TREATMENT FOLDER						
15		MEMBER CORRESPONDENCE FOLDER		19A		VA	RECORD IDENTIFICATION NO.	
16		USGLI-INSURANCE FOLDER	INSURANCE FILE NO.	19B		VA BENEFICIARY TREATED IN OTHER THAN VA HOSPITAL	NAME OF HOSPITAL	
17		NSLI-INSURANCE FOLDER	INSURANCE FILE NO.				PERIOD HOSPITALIZED	
20. REQUEST FOR OTHER RECORDS, EXTRACT, COPY, INFORMATION; OR ADDITIONAL DESCRIPTION OF RECORDS - USE THIS ITEM TO RECORD NAME & ADDRESS OF DESIGNATED MEDICAL MANAGER FOR RECALL OF VA EMPLOYEE MEDICAL RECORDS RETIRED PRIOR TO SEPTEMBER 1, 1984.								
21. SIGNATURE AND TITLE OF AUTHORIZING OFFICIAL								22. DATE
FOR USE BY FEDERAL RECORDS CENTER								
23. REPLY								
<input type="checkbox"/> RECORD ATTACHED <input type="checkbox"/> NO RECORD <input type="checkbox"/> SEE "REMARKS" FOR INFORMATION <input type="checkbox"/> CANNOT IDENTIFY (<i>Furnish more data</i>)								
24. REMARKS (<i>Continue on reverse</i>)								
25. SIGNATURE AND TITLE								26. DATE